



# City of Gaithersburg EMPLOYMENT APPLICATION

*Gaithersburg*

A CHARACTER COUNTS! CITY

**FAX Number Note:** Original application must be received in the Human Resources Division within seven days of the FAX date.

The City of Gaithersburg is an equal opportunity employer. The City does not discriminate on the basis of age, ancestry, color, creed, disability, marital status, national origin, presence of children, or sexual orientation. This policy extends to recruitment, hiring, training, promotions, and other terms and conditions of employment provided the individual is qualified to perform the job.

**Directions:** Answer each question on all pages of the application. A resume may be submitted to **supplement** information on the application. Resumes may not be used in place of any information requested on the application. Write "N/A" in the answer blank if the question is not applicable to you. Please type or print legibly.

Return to:  
**CITY OF GAITHERSBURG**  
**HUMAN RESOURCES DIVISION**  
31 South Summit Avenue  
Gaithersburg, MD 20877-2098

PHONE: 301-258-6327  
FAX: 301-258-6414  
TDD: 301-258-6430  
JOB LINE: 301-330-0050, \*440  
E-MAIL: [hr@ci.gaithersburg.md.us](mailto:hr@ci.gaithersburg.md.us)  
INTERNET: [www.ci.gaithersburg.md.us](http://www.ci.gaithersburg.md.us)

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement _____		<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> City Website	
<input type="checkbox"/> Friend/Relative		<input type="checkbox"/> Other _____	
Last Name		First Name	
Street Address, City, State, Zip Code			
Home Telephone	Work Telephone	Cell Telephone	Other Telephone
E-Mail Address		Social Security Number	

Have you ever filed an application with us before? If Yes, give date \_\_\_\_\_ ☐ Yes ☐ No

Have you ever been employed with us before? If Yes, give date \_\_\_\_\_ ☐ Yes ☐ No

Do you have a friend or relative employed with us? If Yes, give name \_\_\_\_\_ ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you available to work: ☐ Full-Time ☐ Part-Time ☐ Temporary Date Available to Start \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No  
*Proof of citizenship or immigration status will be required upon employment.*

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you been convicted of a crime (other than a traffic violation)? ☐ Yes ☐ No  
*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_ Name as It Appears on License \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Education

Circle highest grade completed:      6   7   8   9   10   11   12   GED      College:      1   2   3   4   5   6

	Name and Address of School	Course of Study	Dates Attended	Diploma/ Degree
High School			No dates necessary for high school	
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills, and extracurricular activities.

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

## List professional, trade, business or civic activities and offices held.

You may exclude organizations which indicate gender, race, religion, national origin, age, ancestry, disability, or other protected status:

# Additional Information

## Other Qualifications

List the job related skills and qualifications in the job announcement which you possess.

## Specialized Skills

Please check or list computer skills and/or equipment/machinery operated

Office Equipment/Skills:	Software Applications:	Machinery (list):	Other Equipment (list):
_____ PC	_____ Microsoft Word	_____	_____
_____ Calculator	_____ Microsoft Excel	_____	_____
_____ Typewriter (_____ wpm)	_____ Microsoft Access	_____	_____
_____ Shorthand (_____ wpm)	_____ Microsoft Powerpoint	_____	_____
_____ Fax	_____	_____	_____
_____ Telephone System	_____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

## References

To facilitate reference checks, please indicate any other name(s) under which you have been employed:

1.	_____	_____
	(Name)	Phone #
	_____	_____
	(Address)	
2.	_____	_____
	(Name)	Phone #
	_____	_____
	(Address)	
3.	_____	_____
	(Name)	Phone #
	_____	_____
	(Address)	

# Applicant's Statements

Please read each statement carefully and sign in the space provided.

## Background Investigation Consent and Release

I do hereby voluntarily consent to any and all lawful investigations conducted at the request of the City of Gaithersburg. I understand that the requested report will include information as to my character, work habits, performance, experience, and the reasons for termination of past employment. I understand that as directed by the City of Gaithersburg, information from public and private sources and worker's compensation claims, driving records, court records, education credentials, credit, and references, may also be requested. I agree that the results of the investigation will be given to the City of Gaithersburg and that the results may be used to make decisions regarding my employment.

The cost of this investigation will be paid by the City of Gaithersburg. As a consequence of any adverse information obtained about me by said investigation, I understand that I may not be offered a job with the City of Gaithersburg or may be terminated if I am currently working for the City of Gaithersburg.

I hereby indemnify, release, and forever discharge, and hold the City of Gaithersburg harmless from any and all claims, demands, judgments, and legal fees arising out of, or in connection with this investigation, the results, or any lawful use of the results.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

## Consent to Medical Examination

I do hereby voluntarily consent to a medical examination conducted at the request of the City of Gaithersburg. I agree that the results of the medical examination will be given to the City of Gaithersburg, as well as a copy provided to myself.

The cost of this examination will be paid by the City of Gaithersburg and the results will be kept as confidential as possible.

I hereby indemnify, release, and forever discharge the City of Gaithersburg from any and all claims, demands, judgments, and legal fees arising out of or in connection with the examination, diagnosis, or results.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

## Understanding of Employment Policy

I understand that the employer follows an employment-at-will policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law. I understand that this application is not a contract for employment. I understand that to be employed I must be lawfully authorized to work in the United States and will provide the necessary documents for verification if I am offered the job.

I certify that all statements given on this application/resume are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

NAME:

POSITION:

DATE: / /

# PLEASE DO NOT WRITE ON THIS PAGE

## TO BE COMPLETED BY SUPERVISOR

Position Budgeted? ☐ Yes ☐ No

Job Code \_\_\_\_\_

Position Title \_\_\_\_\_

Position Grade \_\_\_\_\_

Employee's Dept. Activity No. \_\_\_\_\_

Start Date \_\_\_\_\_

Hourly Rate \_\_\_\_\_ Annual Salary \_\_\_\_\_

Employment Status

☐ Full Time

☐ Employment Agreement

☐ Part-Time

☐ Seasonal

☐ Intern

☐ Elected Official

☐ Permanent

☐ Temporary

☐ Non-Exempt

☐ Exempt

Sex

☐ Male

☐ Female

Standard Work Hours

☐ 35

☐ 40

☐ Other \_\_\_\_\_

Vacation Accrual

☐ 723 (35 hr. week)

☐ 824 (40 hr. week)

☐ Other \_\_\_\_\_

☐ None

CJIS ☐ Yes ☐ No Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Will this employee drive a City vehicle? ☐ Yes ☐ No

## TO BE COMPLETED BY HUMAN RESOURCES

### EEO INFORMATION:

#### Description of Job Classification:

\_\_\_\_ Officials & Administrators

\_\_\_\_ Professionals

\_\_\_\_ Technicians

\_\_\_\_ Protective Service Workers

\_\_\_\_ Paraprofessionals

\_\_\_\_ Administrative Support

\_\_\_\_ Skilled Craftworkers

\_\_\_\_ Service Maintenance

#### Race/Ethnic Identification:

\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_ Asian/Pacific Islander

\_\_\_\_ Black

\_\_\_\_ Hispanic

\_\_\_\_ White

\_\_\_\_ Unspecified

Supervisor's Name \_\_\_\_\_

Supervisor's Title \_\_\_\_\_ Supervisor's Dept. Activity No. \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head's Signature \_\_\_\_\_ Date \_\_\_\_\_

City Manager's/Designee's Signature \_\_\_\_\_ Date \_\_\_\_\_